	JOB
NAME: _	
ADDRES	S:

USER CHARGE SELF MONITORING REPORT

DATE BOD TSS July 10
2
MO DAY YR EFFLUENT METER READING LAST DAY THIS DATE DATE DATE 393,960 392,020 1,940
DATE BOD TSS DATE
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<u> </u>

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
The Relai	Mr. John Belnowski	
	Super, Envir. Health &	973-614-8300
	Safety	DATE 1/5/09

PVSC FORM MR-2 REV.3 6/93

C.J.M.

USER CHARGE SELF MONITORING REPORT

NAME: Signmasters, Inc.	
ADDRESS: 217 Brook Avenue, Passai	c Park, NJ 07055
FACILITY LOCATION: Same	JAN - 6 2008
NEW CUSTOMER ID / OUTLET ID: 26220028-20LD OUTLET I	DESIGNATION:
and the second s	
MONITORING PERIOD V	OL DISCHARGED THIS PERIOD
START END	3,639 A GALS
	FT X 7.48 = GALLONS
	LUENT METER READING LAST THIS PERIOD
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	3,100 • +
	539++
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
fle /str.	Mr. John Belnowski Supervisor, Environment Health & Safety	973-614-8300
PVSC FORM MIR-2 REV J 6/83		DATE 155/09